

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/890510
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	5		↓		↓	
TOTAL DEP.	20		↔		↔	
TOTAL CLAIMS	25		██████████		██████████	

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.			↓					
TOTAL DEP.			↔		↔			
TOTAL CLAIMS			██████████		██████████			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS